

# Guidelines for Suspected Influenza Outbreaks in Nursing Homes/Long Term Care Facilities

## Before an Outbreak Occurs:

1. Provide influenza vaccine to all residents and health care workers.
2. Obtain standing orders to enable influenza laboratory testing and administration of antiviral agents in the event of an influenza outbreak.
3. Even if it's not influenza season, influenza testing should occur when any resident has signs and symptoms of influenza like illness.

## Case Definition of Influenza-like illness: (both criteria 1 and 2 must be present)

1. Fever: either (a) a single oral temperature greater than 37.8°C (100°F) or (b) repeated oral temperatures greater than 37.2°(99°F) or rectal temperatures greater than 37.5°C (99.5°F) or (c) a single temperature greater than 1.1°C (2°F) over baseline from any site.
2. At least three of the following influenza-like illness sub criteria:
  - a. Chills
  - b. New headache or eye pain
  - c. Myalgias or body aches
  - d. Malaise or loss of appetite
  - e. Sore throat
  - f. New or increased dry cough

**Outbreak Definition:** Three or more cases of influenza-like illness occurring within 72 hours in residents, **OR** a sudden increase in influenza- like cases, **OR** one case of influenza confirmed by any laboratory testing method.

## A Suspected or Confirmed Outbreak:

1. Contact the local health department of every suspected or confirmed influenza outbreak as early as possible.
2. Prepare a line list of ill persons (staff and residents) submit and update daily to your local health department. (local health department can provide you a template)
3. Collect respiratory specimens of ill residents with recent onset of signs and symptoms. Collect nasopharyngeal swab specimens from preferably 5-10 residents (within 72 hours of onset of illness). Information on collection and shipment can be found on the Office of Laboratory Services website:  
<http://www.wvdhhr.org/labservices/labs/virology/influenza.cfm>
4. Once an outbreak has been identified, prevention and control measures should be implemented immediately.
  - a. Conduct daily surveillance until at least 1 week after the last confirmed influenza case occurred.
  - b. Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza (7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms whichever is longer). For more information on Standard and Droplet Precautions see:  
<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

## Help Control the Spread of Illness:

1. All residents who have confirmed or suspected influenza should receive antiviral treatment immediately.
  - a. Treatment should not wait for laboratory confirmation of influenza.
  - b. Antiviral treatment works best when started within the first 2 days of symptoms. For more information on antiviral agents see:  
<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage>
2. Antiviral chemoprophylaxis is recommended for all non ill residents, regardless of their influenza vaccination status.
  - a. Antiviral chemoprophylaxis for a minimum of 2 weeks, and continuing for at least 7-10 days after the last known case.
3. Consider Antiviral chemoprophylaxis to unvaccinated personnel who provide care. For more information on antiviral recommendations for health professionals see:  
<http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

## Additional Considerations:

1. Have symptomatic residents stay in their own rooms as much as possible, restrict from common activities, and have meals served in their rooms.
2. Limit group activities in the facility; consider serving all meals in resident rooms if outbreak is widespread.
3. Avoid new admissions or transfers to wards with symptomatic residents.
4. Restrict personnel movement from areas of facility having illness to areas not affected by the outbreak including housekeeping/environmental cleaning staff.
5. Limit visitation and exclude ill persons from visiting the facility via posted notices.
6. Monitor personnel absenteeism and counsel about the early signs and symptoms of influenza; exclude those with influenza- like symptoms from work until at least 24 hours after they no longer have fever.

**Additional Influenza materials may be found on our website at:** <http://www.dhhr.wv.gov/oeps/disease/flu/Pages/default.aspx>

## Division of Infectious Disease Epidemiology

350 Capitol Street, Room 125, Charleston, WV 25301-3715

Phone: 304.558.5358 Fax: 304.558.6335

December 2012